

Department of Homeland Security U. S. Coast Guard CG PSC-2025 (Rev. 6/03)		<h2 style="margin: 0;">BAH/Housing Worksheet</h2>																									
EMPLID	Name (Last, First, MI)	Permanent Unit																									
PURPOSE: Use this form to indicate current housing status.		Effective Date of Change																									
SPOUSE INFORMATION																											
If you are married to a military service member, enter spouse information:																											
<table style="width: 100%;"> <tr> <td style="width: 30%;">SSN</td> <td style="width: 30%;">Pay Grade</td> <td colspan="2"></td> </tr> <tr> <td>Spouse's Branch of Service</td> <td> <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> USA </td> <td colspan="2"></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> Other </td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Spouse's duty zip code and duty unit</td> </tr> <tr> <td colspan="4">Do you maintain a joint residence? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Spouse BAH status</td> <td> <input type="checkbox"/> with dep <input type="checkbox"/> without dep <input type="checkbox"/> partial <input type="checkbox"/> none </td> <td colspan="2"></td> </tr> </table>				SSN	Pay Grade			Spouse's Branch of Service	<input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> USA				<input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> Other			Spouse's duty zip code and duty unit				Do you maintain a joint residence? <input type="checkbox"/> Yes <input type="checkbox"/> No				Spouse BAH status	<input type="checkbox"/> with dep <input type="checkbox"/> without dep <input type="checkbox"/> partial <input type="checkbox"/> none		
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My current housing address is: <input type="checkbox"/> I want this address used as my mailing address on my LES (block 22) (enter below)																											
Note: If you have dependents and they do not reside with you at this address, attach a separate sheet with their complete address and zip code.																											
<table style="width: 100%;"> <tr><td colspan="2">Address</td></tr> <tr><td colspan="2">City</td></tr> <tr><td>State</td><td>Zip Code</td></tr> </table>				Address		City		State	Zip Code																		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">Living at my own cost</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 45%;">DOD owned housing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CG owned housing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>DOD leased housing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CG leased housing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>DOD barracks or shipboard berthing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>CG barracks or shipboard berthing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>				<input type="checkbox"/>	Living at my own cost	<input type="checkbox"/>	DOD owned housing	<input type="checkbox"/>	CG owned housing	<input type="checkbox"/>	DOD leased housing	<input type="checkbox"/>	CG leased housing	<input type="checkbox"/>	DOD barracks or shipboard berthing	<input type="checkbox"/>	CG barracks or shipboard berthing	<input type="checkbox"/>									
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PRIVACY ACT STATEMENT																											
In accordance with 5 USC Section 522a(e)(3), the following Information is provided to you when supplying personal information to the U. S. Coast Guard. Authority - 14 USC Section 632 and 37 USC Section 403a. Principal Purpose (s) - Used to indicate current housing status and to validate the amount of member's BAH Payment. Disclosure - Disclosure of this information is voluntary, but without disclosure member may not receive correct payment of BAH.																											
Member's Signature		Date:	For PERSRU Use Only																								
Command Approval		Date:	Action Completed Date: _____ Initials: _____																								